

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: T. ROWE BLUE CHIP GROWTH I-SELECT (SA4CL)
1b Three-digit plan number (PN): 864
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EMPOWER ANNUITY INSURANCE COMPANY
2b Employer Identification Number (EIN): 06-1050034
2c Plan Sponsor's telephone number: 800-838-4015
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name EMPOWER ANNUITY INSURANCE COMPANY c Plan Name T. ROWE PRICE BLUE CHIP GROWTH FUND (IS PLATFORM) - SA4CL	4b EIN 06-1050034 4d PN 864																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>T. ROWE BLUE CHIP GROWTH I-SELECT (SA4CL)</u>	B Three-digit plan number (PN)	<u>864</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DAWN FOODS UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAWN FOODS UNION RETIREMENT SAVINGS PLAN	c EIN-PN 38-0467200-001
a	Plan name	DAWN FOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAWN FOODS RETIREMENT SAVINGS PLAN	c EIN-PN 38-0467200-001
a	Plan name	NECAIBEW PENSION BENEFIT TRUST FUND	
b	Name of plan sponsor	NECAIBEW PENSION BENEFIT TRUST FUND	c EIN-PN 43-6184756-001
a	Plan name	IBEWNECA RETIREMENT PLAN (LOCAL 257)	
b	Name of plan sponsor	IBEWNECA RETIREMENT PLAN (LOCAL 257)	c EIN-PN 43-1188395-001
a	Plan name	ELECTRICIANS' SALARY DEFERRAL PLAN OF LOCAL 1, IBEW ST LOUIS	
b	Name of plan sponsor	ELECTRICIANS SALARY DEFERRAL PLAN OF LOCAL 1, IBEW ST LOUIS	c EIN-PN 43-1529993-001
a	Plan name	LOCAL NO. 1 IBEW PENSION BENEFIT TRUST FUND	
b	Name of plan sponsor	LOCAL NO. 1 IBEW PENSION BENEFIT TRUST FUND	c EIN-PN 43-6032286-001
a	Plan name	FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	
b	Name of plan sponsor	FAIRFIELD COUNTY BANK INCENTIVE RETIREMENT PLAN	c EIN-PN 06-0510330-001
a	Plan name	MISSION FEDERAL CREDIT UNION EMPLOYEES' 401(K) PLAN MISSION FEDERAL SERVICES, LLC	
b	Name of plan sponsor	MISSION FEDERAL CREDIT UNION EMPLOYEES' 401(K) PLAN MISSION FEDERAL SE	c EIN-PN 33-0047850-001
a	Plan name	MISSION FEDERAL CREDIT UNION EMPLOYEES' 401(K) PLAN LIVESMART ESCROW	
b	Name of plan sponsor	MISSION FEDERAL CREDIT UNION EMPLOYEES 401(K) PLAN LIVESMART ESCROW	c EIN-PN 82-2333248-001
a	Plan name	MISSION FEDERAL CREDIT UNION EMPLOYEES' 401(K) PLAN LIVESMART INSURANCE	
b	Name of plan sponsor	MISSION FEDERAL CREDIT UNION EMPLOYEES 401(K) PLAN LIVESMART INSURANCE	c EIN-PN 82-1303955-001
a	Plan name	MISSION FEDERAL CREDIT UNION EMPLOYEES' 401(K) PLAN MISSION FEDERAL CREDIT UNION	
b	Name of plan sponsor	MISSION FEDERAL CREDIT UNION EMPLOYEES' 401(K) PLAN MISSION FEDERAL CR	c EIN-PN 95-2148515-001
a	Plan name	SINCLAIR, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SINCLAIR, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 52-1494660-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SINCLAIR, INC. 401K RETIREMENT SAVINGS PLAN ACRODYNE	
b	Name of plan sponsor SINCLAIR, INC. 401K RETIREMENT SAVINGS PLAN ACRODYNE	c EIN-PN 52-1494660-001
a	Plan name MERUELO GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor MERUELO GROUP 401(K) PLAN AND TRUST	c EIN-PN 33-0877730-001
a	Plan name OKLAHOMA CITYCOUNTY HEALTH DEPARTMENT DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor OKLAHOMA CITYCOUNTY HEALTH DEPARTMENT DEFINED CONTRIBUTION RETIREMENT	c EIN-PN 73-1323004-001
a	Plan name WATLOW GROUP 401(K) PLAN	
b	Name of plan sponsor WATLOW GROUP 401(K) PLAN	c EIN-PN 43-0574450-001
a	Plan name SOUTHWEST KEY PROGRAMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SOUTHWEST KEY PROGRAMS, INC. 401(K) RETIREMENT PLAN	c EIN-PN 74-2481167-001
a	Plan name SOUTHWEST KEY ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SOUTHWEST KEY ENTERPRISES, INC. 401(K) RETIREMENT PLAN	c EIN-PN 74-2481167-001
a	Plan name THE CLECO POWER LLC 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE CLECO POWER LLC 401(K) SAVINGS AND INVESTMENT PLAN	c EIN-PN 72-0244480-001
a	Plan name JETBLUE AIRWAYS RETIREMENT PLAN	
b	Name of plan sponsor JETBLUE AIRWAYS RETIREMENT PLAN	c EIN-PN 87-0617894-001
a	Plan name UKG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UKG RETIREMENT SAVINGS PLAN	c EIN-PN 65-0694077-001
a	Plan name PEGASYSTEMS INC. 401(K) PLAN	
b	Name of plan sponsor PEGASYSTEMS INC. 401(K) PLAN	c EIN-PN 04-2787865-001
a	Plan name VOYAGE HEALTHCARE RETIREMENT PLAN	
b	Name of plan sponsor VOYAGE HEALTHCARE RETIREMENT PLAN	c EIN-PN 41-0955922-001
a	Plan name WOOD 401(K) PLAN	
b	Name of plan sponsor WOOD 401(K) PLAN	c EIN-PN 76-0688757-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WD40 COMPANY PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	WD40 COMPANY PROFIT SHARING/401(K) PLAN	c EIN-PN 95-1797918-001
a	Plan name	THE WENDY'S COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE WENDYS COMPANY 401(K) RETIREMENT PLAN	c EIN-PN 38-0471180-001
a	Plan name	THE HUNTER SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	THE HUNTER SAVINGS INVESTMENT PLAN	c EIN-PN 33-0592522-001
a	Plan name	URSCHEL LABORATORIES, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	URSCHEL LABORATORIES, INC. 401(K) SAVINGS PLAN AND TRUST	c EIN-PN 35-0726105-001
a	Plan name	CURTIS INSTRUMENTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CURTIS INSTRUMENTS, INC. 401(K) RETIREMENT PLAN	c EIN-PN 13-1933394-001
a	Plan name	KEANY PRODUCE AND GOURMET AND RELATED ENTITIES 401(K) PLAN	
b	Name of plan sponsor	KEANY PRODUCE AND GOURMET AND RELATED ENTITIES 401(K) PLAN	c EIN-PN 54-0885173-001
a	Plan name	PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS (INVESTMENT MENU 2)	
b	Name of plan sponsor	PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS (INVESTM	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FREEDOM CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FREEDOM CREDIT UNION	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NEW HAMPSHIRE MUTUAL BANCORP	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NEW HAMPSHIRE MUTUAL B	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST HOPE BANK, N.A.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST HOPE BANK, N.A.	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR USNY BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR USNY BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ATLANTIC COMMUNITY BANKERS BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ATLANTIC COMMUNITY BAN	c EIN-PN 13-6321489-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PROSPER BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PROSPER BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR STATE DEPARTMENT FEDERAL CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR STATE DEPARTMENT FEDER	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MOUNTAIN 1ST BANK AND TRUST	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MOUNTAIN 1ST BANK AND	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PACIFIC NATIONAL BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PACIFIC NATIONAL BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR SURREY BANK AND TRUST	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR SURREY BANK AND TRUST	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MOVEMENT BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MOVEMENT BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NCINO	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NCINO	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST CAROLINA BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST CAROLINA BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BRANNEN BANKS OF FLORIDA, INC.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BRANNEN BANKS OF FLORI	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ANDREWS FEDERAL CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ANDREWS FEDERAL CREDIT	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BEACON COMMUNITY BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BEACON COMMUNITY BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NATIONAL BANK OF OHIO	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NATIONAL BANK OF OHIO	c EIN-PN 13-6321489-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BANK OF RIPLEY	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BANK OF RIPLEY	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CITIZENS BANK OF KENTUCKY, INC.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CITIZENS BANK OF KENTU	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR THE PEOPLES SAVINGS BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR THE PEOPLES SAVINGS BA	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PEOPLES SAVINGS AND LOAN COMPANY	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PEOPLES SAVINGS AND LO	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FORT FINANCIAL FEDERAL CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FORT FINANCIAL FEDERAL	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CRESTMARK BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CRESTMARK BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR THE FIRST NATIONAL BANK OF RIVER FALLS, INC.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR THE FIRST NATIONAL BAN	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PREVAIL BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PREVAIL BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR INTEGRATED FINANCIAL HOLDINGS, INC.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR INTEGRATED FINANCIAL H	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST ALLIANCE CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST ALLIANCE CREDIT	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR SERVICE FIRST FEDERAL CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR SERVICE FIRST FEDERAL	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR HEARTLAND BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR HEARTLAND BANK	c EIN-PN 13-6321489-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR U.S. EAGLE FEDERAL CREDIT UNION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR U.S. EAGLE FEDERAL CRE	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CITIZENS SAVINGS BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CITIZENS SAVINGS BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST NATIONAL BANK OF LOUISIANA	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST NATIONAL BANK OF	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COMANCHE NATIONAL CORPORATION	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COMANCHE NATIONAL CORP	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR THE FIRST NATIONAL BANK OF EAGLE LAKE	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR THE FIRST NATIONAL BAN	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR POWELL STATE BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR POWELL STATE BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ST. MARTIN BANK AND TRUST COMPANY	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ST. MARTIN BANK AND TR	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FALCON INTERNATIONAL BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FALCON INTERNATIONAL B	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COMMUNITY BANCSHARES OF MISSISSIPPI	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COMMUNITY BANCSHARES O	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COMMERCE BANCSHARES, INC.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COMMERCE BANCSHARES, I	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR SYNERGY BANK	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR SYNERGY BANK	c EIN-PN 13-6321489-001
a	Plan name	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FARMERS STATE BANK AND TRUST CO.	
b	Name of plan sponsor	PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FARMERS STATE BANK AND	c EIN-PN 13-6321489-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NEWFIRST NATIONAL BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR NEWFIRST NATIONAL BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MUENSTER STATE BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MUENSTER STATE BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CREDIT UNION OF TEXAS	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CREDIT UNION OF TEXAS	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PROGRESSIVE BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PROGRESSIVE BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST FEDERAL SAVINGS	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST NATIONAL BANK OF HUNTSVILLE	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST NATIONAL BANK OF	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BUSINESS BANK OF TEXAS, N.A.	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BUSINESS BANK OF TEXAS	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COBALT CREDIT UNION	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR COBALT CREDIT UNION	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR EQUITY BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR EQUITY BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ALTERRA BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ALTERRA BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CENTRAL OF KANSAS, INC.	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CENTRAL OF KANSAS, INC	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CAPITAL CITY BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR CAPITAL CITY BANK	c EIN-PN 13-6321489-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PBT BANCSHARES, INC.	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PBT BANCSHARES, INC.	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR AIR ACADEMY FEDERAL CREDIT UNION	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR AIR ACADEMY FEDERAL CR	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PAN AMERICAN BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR PAN AMERICAN BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MONTEREY CREDIT UNION	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR MONTEREY CREDIT UNION	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ALTIER CREDIT UNION	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR ALTIER CREDIT UNION	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR AMERICAN RIVER BANKSHARES	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR AMERICAN RIVER BANKSHA	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST NATIONAL BANK OF GILLETTE	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR FIRST NATIONAL BANK OF	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR TRAILHEAD CREDIT UNION	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR TRAILHEAD CREDIT UNION	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR IRELAND BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR IRELAND BANK	c EIN-PN 13-6321489-001
a	Plan name PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BIG HORN FEDERAL SAVINGS BANK	
b	Name of plan sponsor PENTEGRA DC PLAN FOR FINANCIAL INSTITUTIONS FOR BIG HORN FEDERAL SAVIN	c EIN-PN 13-6321489-001
a	Plan name SHEET METAL WORKERS LOCAL UNION NO. 12 ANNUITY FUND	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL UNION NO. 12 ANNUITY FUND	c EIN-PN 25-1478389-001
a	Plan name WKW LLC 401(K) PLAN	
b	Name of plan sponsor WKW LLC 401(K) PLAN	c EIN-PN 26-3293897-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORMAN PAPER AND FOAM 401(K) PLAN	
b	Name of plan sponsor	NORMAN PAPER AND FOAM 401(K) PLAN	c EIN-PN 95-3502638-001
a	Plan name	LEPCO RETIREMENT PLAN	
b	Name of plan sponsor	LEPCO RETIREMENT PLAN	c EIN-PN 23-2012918-001
a	Plan name	VERNIS AND BOWLING, P.A. 401K PLAN	
b	Name of plan sponsor	VERNIS AND BOWLING, P.A. 401K PLAN	c EIN-PN 65-0299372-001
a	Plan name	LUND FOOD HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	LUND FOOD HOLDINGS, INC. 401(K) PLAN	c EIN-PN 41-1865892-001
a	Plan name	LUND FOOD HOLDINGS, INC. 401(K) PS PLAN	
b	Name of plan sponsor	LUND FOOD HOLDINGS, INC. 401(K) PS PLAN	c EIN-PN 41-1865892-001
a	Plan name	BDH AND YOUNG, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BDH AND YOUNG, INC. 401(K) SAVINGS PLAN	c EIN-PN 41-1656214-001
a	Plan name	COLORADO EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	COLORADO EDUCATION ASSOCIATION 401(K) PLAN	c EIN-PN 84-0172608-001
a	Plan name	ALLIED PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLIED PLASTICS, INC. 401(K) PLAN	c EIN-PN 39-1831328-001
a	Plan name	BRADFORDSCOTT DATA CORPORATION 401K PLAN	
b	Name of plan sponsor	BRADFORDSCOTT DATA CORPORATION 401K PLAN	c EIN-PN 35-1575399-001
a	Plan name	MEDICAL EYE SPECIALISTS, P.C. SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MEDICAL EYE SPECIALISTS, P.C. SALARY REDUCTION PLAN AND TRUST	c EIN-PN 81-0309952-001
a	Plan name	IDAHO FREEZPAK CORP. UNION 401(K) PLAN	
b	Name of plan sponsor	IDAHO FREEZPAK CORP. UNION 401(K) PLAN	c EIN-PN 11-2939988-001
a	Plan name	IDAHO FREEZPAK CORP. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	IDAHO FREEZPAK CORP. PROFIT SHARING 401(K) PLAN	c EIN-PN 11-2939988-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AHEAD, INC. 401(K) PLAN	
b	Name of plan sponsor	AHEAD, INC. 401(K) PLAN	c EIN-PN 20-8476250-001
a	Plan name	NEW LEAF ENERGY 401(K) PLAN	
b	Name of plan sponsor	NEW LEAF ENERGY 401(K) PLAN	c EIN-PN 88-2391619-001
a	Plan name	KEET O'GARY CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	KEET OGARY CONSTRUCTION 401(K) PLAN	c EIN-PN 46-4445388-001
a	Plan name	MARY'S TACK AND FEED 401K PLAN	
b	Name of plan sponsor	MARYS TACK AND FEED 401K PLAN	c EIN-PN 95-3414522-001
a	Plan name	OREGON MOBILE PHYSICAL THERAPY LLC 401(K) PSP	
b	Name of plan sponsor	OREGON MOBILE PHYSICAL THERAPY LLC 401(K) PSP	c EIN-PN 88-3358823-001
a	Plan name	NET NATIVES INC. 401(K) PLAN	
b	Name of plan sponsor	NET NATIVES INC. 401(K) PLAN	c EIN-PN 61-1787451-001
a	Plan name	JET WEALTH ADVISORS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JET WEALTH ADVISORS INC. RETIREMENT SAVINGS PLAN	c EIN-PN 46-3490738-001
a	Plan name	CAMP CHAMPIONS 401(K) PLAN	
b	Name of plan sponsor	CAMP CHAMPIONS 401(K) PLAN	c EIN-PN 74-2761313-001
a	Plan name	AG DENTAL STUDIO 401(K) PLAN	
b	Name of plan sponsor	AG DENTAL STUDIO 401(K) PLAN	c EIN-PN 46-1175217-001
a	Plan name	ST. JOHN OF GOD 401(K) PLAN	
b	Name of plan sponsor	ST. JOHN OF GOD 401(K) PLAN	c EIN-PN 22-6088881-001
a	Plan name	BRAZOS PILOTS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	BRAZOS PILOTS ASSOCIATION RETIREMENT PLAN	c EIN-PN 76-0294908-001
a	Plan name	TPD PARTNERS 401(K) PLAN	
b	Name of plan sponsor	TPD PARTNERS 401(K) PLAN	c EIN-PN 81-1343542-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOPE SHORES ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HOPE SHORES ALLIANCE 401(K) PLAN	c EIN-PN 38-2245793-001
a	Plan name	VOLT MASTER ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	VOLT MASTER ELECTRIC 401(K) PLAN	c EIN-PN 76-0325562-001
a	Plan name	GULF COAST LIMESTONE INC 401(K) PLAN	
b	Name of plan sponsor	GULF COAST LIMESTONE INC 401(K) PLAN	c EIN-PN 74-1610650-001
a	Plan name	YORK ENGINEERING 401K PLAN	
b	Name of plan sponsor	YORK ENGINEERING 401K PLAN	c EIN-PN 46-4145121-001
a	Plan name	CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	c EIN-PN 94-2686822-001
a	Plan name	COMPASS STRATEGIES PUBLIC AFFAIRS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COMPASS STRATEGIES PUBLIC AFFAIRS LLC 401(K) PROFIT SHARING PLAN AND T	c EIN-PN 20-4509198-001
a	Plan name	M AND S BLASTING LLC 401(K) PLAN	
b	Name of plan sponsor	M AND S BLASTING LLC 401(K) PLAN	c EIN-PN 06-1595716-001
a	Plan name	K AND D WRIGHT AND CO.	
b	Name of plan sponsor	K AND D WRIGHT AND CO.	c EIN-PN 11-2802208-001
a	Plan name	STONE MANUFACTURING AND SUPPLY CO., INC. EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STONE MANUFACTURING AND SUPPLY CO., INC. EMPLOYEES 401(K) PROFIT SHARI	c EIN-PN 43-1470003-001
a	Plan name	WINEGAR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WINEGAR INC 401K PROFIT SHARING PLAN	c EIN-PN 41-1348098-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan T. ROWE BLUE CHIP GROWTH I-SELECT (SA4CL)	B Three-digit plan number (PN) ▶ 864
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	231150	331399
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2449236	6672323
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	712019	2094047
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1369330	1713303
(B) Common	1c(4)(B)	553198899	1616586209
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	557960634	1627397281
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	151011	171738
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	151011	171738
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	557809623	1627225543

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	574442	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		574442
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5950592	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5950592
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-8723639	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	335420272	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-34523
d Total income. Add all income amounts in column (b) and enter total	2d	333187144

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	149420
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	4926723
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	30794
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	5106937
j Total expenses. Add all expense amounts in column (b) and enter total	2j	5106937

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	328080207
l Transfers of assets:		
(1) To this plan	2l(1)	1320411533
(2) From this plan	2l(2)	579075820

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.